

RECEIVED COMM. OF ELECTIONS

2009 FEB - 2 A 10: 31

## Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:		Bie	ner	2	-6	000	# = 11= 			
Account Number:						Date of th	is Report:	1/20/0	1	
REPORTING PERIOD:		FROM:	1/1	108		_ TO:	12/51	108		
Check the box that applies to	this r	eport:								
Primary Election		8-DAY		□ 30-DA	Y		Office: /			
General Election		8-DAY		□ 30-DA	Y		No	ne		
Other Election		8-DAY		□ 30-DA	Y					
Special Election		8-DAY		□ 30-DA						
Year End Report		Final Org	ganization	Closing			<u>C</u>	losing Date:		
I authorize that all informati- regulations regarding Campa the Office of the State Election	ign F	inance and	d the electi	ion proces	s in	the State of	Delaware. I und	derstand that re		
TREASURER SIGNATURE					1	***************************************		DATE		
the	12						1	1201	og	
CANDIDATE SIGNATURE								DATE		



# STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	¥	REPORTING PERIOD:	1/1/08	-12/3/10
				FROM	то
1.	BEGINNING (Close Out I	BALANCE Salance from last reporting period)		92 31	0
2.	RECEIPTS:				
	Α.	SCHEDULE A - TOTAL RECEIPTS		,	600
8	В.	SCHEDULE C-1 – TOTAL IN-KIND C	ONTRIBUTIONS	4	0
	C.	SCHEDULE D-1 - TOTAL LOANS RE	CEIVED	¥	O_
	D.	SCHEDULE E - TOTAL EXPENSE RE	EIMBURSEMENTS RECEIVE	מכ	0
	E. SUBT	OTAL (Total of A, B, C, D)		2	600
3.	EXPENDITU	RES:			
	F.	SCHEDULE B - TOTAL EXPENDITU	RES	,	0
	G.	SCHEDULE C-2 - TOTAL IN-KIND E	XPENDITURES		0
	H.	SCHEDULE D-2 – TOTAL LOAN PAY	MENTS	ē.	600
	1.	SCHEDULE E - TOTAL EXPENSE RE	EIMBURSEMENTS PAID		
	J. SUB	TOTAL (Total of F, G, H, I)		•	600
4.	ENDING BA	ANCE salance plus 2E, minus 3J)		× e	6_
5.	VALUE OF N	ON-CASH ASSETS (From Schedule F)		2	0
6.	VALUE OF I	ISPOSED/TRANSFERRED ASSETS (Fr	om Schedule G)	5	0
7.	VALUE OF I	OANS AT END OF PERIOD (Loan Bala	nce from Schedule D-2)		2500
8.	CLOSE OUT	BALANCE (Must equal zero if Committe	ee closed)	2	2500



#### SCHEDULE A - TOTAL RECEIPTS

ECEIPTS	OF PERSO		D POLITICAL COMMITTEES:		
Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
12/31	*	Stee Bien	124 perdles Ca 19810	600	600
	ander i		The Contract of the Contract o		
				e je marina, est e	
132.50	ing a series				akcama a la sala
	CDVDTC O	DEDOGUIO DI DIVIGIGIO ODI	5100 AND POLITICAL COMMITTEES		600

# In the form of Loan Forgivenies



# SCHEDULE B - TOTAL EXPENDITURES

		ing period. All expenditures to Political (			
ust be listed if the	aggregate amount is over \$	100, even if the individual amounts are no POLITICAL COMMITTEES:		during the report	ing cycle, cach
Date expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended
TAL EXPEND	ITURES IN EXCESS OF \$	100 AND POLITICAL COMMITTEE	S		
TAL EXPEND	ITURES TO PERSONS NO	OT IN EXCESS OF \$100		[	

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



#### SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

OTE: If you re	s and services contributed at no c	to a series of the series of		
		narge or iess than fair market value in exc	ess of \$100 for the reporting per	riod.
		the same person or organization several ti	mes during the reporting period	
ch item must t	be listed if the aggregate amount	is over \$100, even if the individual amou	nts are not.	
. www.cox	TO TO THE PROPERTY OF THE PROP	20100		
	TRIBUTIONS IN EXCESS OF	STUU: ARKET VALUE LESS ANY PAYMENTS YOU!	MADE FOR THE COODS OF SERV	TCFS)
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Receive
749/				
				te filter te stell
1 - 1 - 1 - 1 - 1 - 1				
TO THE REV				
				E Frein Pr
				Y M. LEE WAY
	CHARLES SECTION AND ADDRESS.			
			ALL REPORTS OF THE PARTY OF THE	
				E REPUBLICA
	SELECTION OF SELECTION AS SELECT			
		2000 00 0100		
TAL IN-KI	ND CONTRIBUTIONS IN EXC	JESS OF \$100		L
		N EXCESS OF \$100		



### SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

				то
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the sar listed if the aggregate amount DITURES IN EXCESS OF	arge or less than fair market value in exce me person or organization several times di t is over \$100, even if the individual amou \$100: ARKET VALUE LESS ANY PAYMENTS YOU	aring the reporting period, ints are not.	
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expende
		Tage and a second of the second		
Indiana de la companya del companya del companya de la companya de				
			ET IF With Donald	
				E
	CELLS WINSTERNO		Each Company	red Discount
			A Charles Same	
EST STATE				
TREADER			BY BUDYANAS DAVE	TO THE REAL PROPERTY.
TOTAL IN-KINI	EXPENDITURES IN EXC	ESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED

	f \$50 RECEIVED DURING THIS REPORTING ID IN EXCESS OF \$50:	PERIOD should be itemized on this schedule. NOTE: These loans	must also be listed on Schedule D-2.		
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amoun Receive
				70.5	
	The Francisco				-
TOTAL LOANS R	RECEIVED				C

(TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)



#### SCHEDULE D-2 - LOANS

ACCT#:	200	REPORTING PERIOD:	111/08	- /2/3	1/08
			11.1.		1

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

#### LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
2000	andidate		NA.	WA	4300	600	2500
LL DA							
TOTAL LOA	LNS			2 SE(1)	4300	600	2500

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



### SCHEDULE E - EXPENSE REIMBURSEMENTS

					1
CCT#:			REPORT	ING PERIOD: /	1/1/08
					FROM
dl expense reimbu	rsements received by you and paid by you must be iter	mized.			
FIMBUDSEME	NTS RECEIVED (Monies paid to you as reimburse	ements for expenses you incurred			
Date	Reimburser Name	Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amoun	Received
				SAME	
				State of the state of	
AND THE					
	THE THE PARTY OF T				
Sales I					
			COLUMN TO SERVICE OF THE PARTY	C 1275 73 FEST	
	The state of the s			The second second second second	Contract Con
	The state of the s				
OTAL REIMBU	RSEMENTS RECEIVED	Approximately and the second s			0
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, (TEM 2D)			0
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,				0
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	s for expenses they incurred.	Activity	Total	Reimbursement
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,		Activity Date	Total Expense Amoun	Reimbursement Paid
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS  Date	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			
EIMBURSEMENTS Date Paid	NTS PAID (Monies paid by you to reimburse others  Payee Name	s for expenses they incurred.  Description			



# SCHEDULE F - NON-CASH ASSETS

CCT #:		REPORTING PERIOD: /// Ol	- 12/3,
emize all non-cash ass		hose paid for by the organization, lent to the organization	
Date Received	H ASSETS:  Description of Asset	Location of Asset (Physical Address)	Value of Asset
Ceceived	OI ASSEL	of Asset (Filysteal Address)	01 Asset
7 7 7 7 7			
OTAL ASSET VAL	LIE		0



# SCHEDULE G - ELIMINATION OF ASSETS

ACCT#:		REPORTING PERIOD: ((())	- 12/3, lox
			FROM
temize all non-cash ass	ets disposed of, transferred or sold by the	organization during the reporting period.	
ALL NON-CASH ASS			
Date Eliminated	Description of Asset	Disposition of Asset	Value Received
To the state of th			
			3924
			7